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COMMUNICATIONS.

Anatomy in its Relations to Medicine and Surgery.

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No. 47.

MEDIAN SUB-HYOID REGION—Continued.

The thyroid body is subject to certain morbid conditions, which require for their explanation some description of its minute anatomy. When we attempt to tear it apart, it will be found to be dense, and capable of offering considerable resistance. When the capsular envelope is cleared away, its surface resembles that of an ordinary racemose gland, such as the parotid; both in the color and the little masses or lobules of which it is composed. These are united by connective tissue, which exists in great abundance in this body. These masses are separable into elementary parts, which are vesicles connected to one another by more minute divisions of the fibres constituent in which they lie, as in a kind basis substance. The connective tissue consists of both white and yellow or elastic fibres.

The vesicles are parts of great interest. They possess walls of a homogeneous structureless membrane, the inner circumference of which supports a layer of small nucleated cells, the balance of the vesicular cavity being occupied by a fluid somewhat ropy in its consistence, and varying in color from white to yellow. It is a matter of no small difficulty to determine what the normal condition of these fluid contents is, nor am I aware such accuracy is claimed by any investigator. Every one who has been in the habit of examining such by

microscopic observations will have been struck with the want of uniformity in their appearance. It is probable that in the true physiological state, the contents are free from granules and nuclei, which exist in many instances.

Fig. 45.

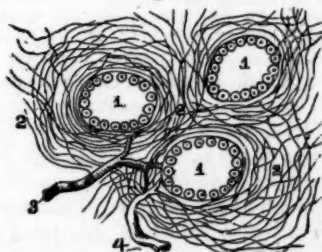


Fig. 45 exhibits a small section of the thyroid gland. 1 1 1, three gland vesicles embedded in an intermediate connective tissue 2, 2, 2. These vesicles have a homogeneous wall, and are lined inside with nucleated cells. 3 is a branch of an artery, and 4, a vein, as they appeared in the section.

Blood-vessels.—The arteries are remarkable for their number and great size, and are the *superior thyroids*, from the carotids; the *inferior thyroids*, from the sub-clavians, and occasionally the *middle thyroid*, from the innominate or aortic arch. The branches multiply as they pass through the connective tissue, and after penetrating to the elementary gland vesicles, spread over each a plexus remarkable for its beauty and minuteness. These capillaries do not penetrate the walls of the vesicles.

Fig. 46.



Fig. 46 shows one of the elementary gland vesicles, with a plexus of capillaries over its surface. B, the artery; C, the

vein. The injection has not penetrated as minutely as desired, and therefore the plexus is not so marked as it really exists in nature.

Veins.—These end, some in the internal jugulars "*superior thyroids*," others in the innominate vein, "*the inferior thyroids*." The latter by communicating trunks form quite a plexus in front of the trachea.

Nerves accompany the arteries, and are supplied by the sympathetic as it passes through the neck.

Sympathetic filaments of nerves exist in considerable numbers.

Practical Remarks.—The pathological conditions which give rise to alterations in size and composition, are various.

First—Of Size.—This may be temporary or permanent. A tumor may press upon the thyroid veins, which, by embarrassing the circulation, will induce an enlargement by accumulation of blood, and which readily subsides on the removal of the cause; or, a sudden *exudation of serum* may pass from the vessels, diffusing itself through the meshes of the connective interlobular tissue. Much of this being made up of elastic fibrils, will allow of considerable stretching, so that a sudden increase in the bulk of the body may rapidly occur. This state corresponds to the hydrops cellularis in other parts of the body. I have known such effusions from obstruction to the venous circulation in cases of thoracic disease suddenly appear, and as rapidly disappear. There is, however, a more permanent enlargement constituting hypertrophy. This condition is, unquestionably, often determined by local causes, individual habits, and sex. Thus, in the gorges of the Alpine range of mountains, it prevails to an extraordinary extent, and very often associated with cretinism. Whatever influence local conditions may exert, it is quite possible the prevailing habit of bearing heavy burdens upon the head up the mountain slopes, may contribute to the production of this result, as the muscular exertions necessary to support and maintain the weight in an equilibrium, would invite a large amount of blood to the cervical region.

The vessels in these cases of hypertrophy are often very large, and if the body be carefully examined, its size will be seen to depend on a great increase of the connective constituent which may be found in every stage of develop-

ment, from the smallest spindle-shaped cells to the perfect fibre. In addition, the small vessels, at least many of them, have numerous dilations here and there, similar to those described by Paget as among the phenomena of inflammation. The walls of the elementary vesicles are thickened, and, under certain circumstances, Rokitansky alleges, these gland vesicles are multiplied. If so, it is probably by a repetition of that process which is noticeable in its development, multiplication by division of the vesicles.

Masses of coagulated blood are also found scattered at isolated points through the gland, evidently proceeding from the rupture of some vessels under blood-pressure.

Cysts—These are frequently met with, and may be very numerous. Their formation may be explained by the dilatation of the primary gland vesicles in consequence of accumulations within. They may coalesce until the whole body becomes one vast expanded cyst. These cavities may contain a fluid more or less transparent, containing granules, nuclei, and cells, and coagulating by heat, or the addition of nitric acid, proving its albuminous nature; or they may be filled with a gelatinous matter, the so-called colloid.

The gland may undergo calcareous metamorphosis, or cartilaginous.

Abscess is not common. Its relation to the trachea and larynx is such that, in the event of ulceration occurring in the latter, a purulent accumulation might discharge into the air passages and destroy life.

Carcinomatous disease of the thyroid gland may be considered an uncommon occurrence, and, when present, as consecutive to the existence of the affection in some other situation.

The Kidneys and Urine: their Condition in Pulmonary Tuberculosis.

By A. P. DUTCHER, M.D.,
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PART FIRST.

The office of the kidneys is to separate certain nitrogenous materials from the blood which are no longer fit for circulation, and, if retained and suffered to accumulate, they soon lead to disease and death. A recent writer enumerates more than twenty serious disorders, which may and do frequently result from an imperfect performance of the functions of the

kidneys. Uræmic poisoning sometimes steals upon an individual insidiously, and will produce mock symptoms of disease, which will deceive the patient and mislead the physician, unless he is on his guard and is very careful in his diagnosis.

I had a good illustration of this a short time since. Mr. C., aged fifty-five, had been ill for six weeks, under the care of Dr. S. Not getting any better, I was invited to see him. His pulse was quite feeble, and only forty per minute in the recumbent posture. Respirations, twelve per minute; tongue, dry and red; skin, sallow and dry; bowels, alternately relaxed and constipated; urine, scanty and very high colored—only four ounces passed during the last twenty-four hours; complains of pain in the back of the head and neck; has constant vertigo when attempting to sit up, and is unable to bear his weight upon his feet and legs. His mind has lost its vivacity, and his memory is very much impaired. He sleeps most of the time, but is easily aroused; says his sleep is very much disturbed by frightful dreams; his appetite is very much impaired, and digestion is badly performed; he has had several very severe attacks of vomiting. There is a strong urinary odor imparted to the hand by passing it briskly over his limbs. On several occasions he has had fever during the night. No albumen in the urine on the application of heat.

These symptoms all gradually made their appearance after a mild attack of influenza. Dr. S. regarded the case as one of softening of the brain, and had been prescribing accordingly. Tonics and restorative hæmatics had been used *ad libitum*, but without any advantage. I could not concur with the doctor in his opinion or treatment. The case lacked several distinguishing features of softening of the brain—such as flexing of the limbs, flaccid and hanging cheeks, and irregular and jerking respiration. We set his case down as one of uræmic poisoning, caused by sub-acute inflammation of the kidneys. The patient was recommended to be freely cupped, every other day, over the region of the kidneys, and to take one of the following pills every six hours:

R.—Ext. eupatorium purpureum, gr. xxx.
Hyd. chlor. mit., - gr. vi.
et in pil. No. vi. div. M.

Under the use of this prescription, he improved very rapidly, and in two weeks regained his usual health. After his recovery, he in-

formed me that he had always been in the habit of passing a great deal of urine—sometimes as high as two quarts during twenty-four hours. It will at once be seen how detrimental it was to his system, when the quantity only amounted to four ounces during that space of time. How it depressed his nervous system, poisoned his blood, deranged his digestive organs, paralyzed his muscular system, and rendered him as helpless as a child.

But we were to consider the state of the kidneys during the progress of pulmonary tuberculosis. Uræmia is occasionally associated with phthisis, from Bright's Disease of the Kidneys. I met with an instance of this kind last winter. Death occurred from the renal complication before the tubercular disease had proceeded to the stage of softening. The patient was a young man, aged twenty. When I first saw him, he had not been well for three months. His pulse was one hundred and one, and respiration, thirty. There was dullness and dry crackling at the apex of the left lung, with prolonged respiration in the right, and sub-crepitant ronchus over the inferior lobes. Cough and expectoration very moderate; the latter did not amount to more than a table-spoonful during the day. His mouth was very dry, and he complained of great thirst, particularly at night. Thompson's gingival margin was very clearly defined; his skin was sallow, hot, and very dry; his feet and legs were œdematous; his mind was greatly oppressed, and he had the most gloomy apprehensions. He complained of pain in the back of the neck and head; was quite stupid all day, and very restless at night; appetite very bad; bowels relaxed, and painful to the touch.

The urine was scanty, clear, and of a bright straw-colored appearance, and, on the application of heat, yielded a large quantity of albumen; when examined by the microscope, fat globules, epithelium, uniferous tubes, and pus cells were found. Its specific gravity was 1008, and it was very deficient in the earthy phosphates. The quantity of urine passed, during the twenty-four hours, was estimated at six ounces. During health, he usually passed about two pounds. There was considerable irritation of the bladder, and on two or three occasions, during the past month, he had voided considerable blood with his urine. Purpuric spots were also quite visible upon the arms and legs; this circumstance was the first symptom which led me to a careful examination of the condition of the kidneys,

for, in young persons, I regard purpura as a very significant symptom of granular disease of the kidneys; indeed, I have never met with but one or two cases where it was not present.

The treatment of this patient was tonic and diuretic, with a generous diet and a liberal quantity of oil. Under it, he made some improvement. The dropsical symptoms quite disappeared; his mind became more cheerful; his bowels were regular; the urine more abundant; his skin more moist; and, in a word, his strength so much improved that he was able to ride several miles in the course of the day. The weather being warm and pleasant, he now went on a visit to some of his friends who resided in a neighboring county.

On his return home he appeared much better; but this was of temporary duration. The renal symptoms became more troublesome, indeed, his pulmonary malady was in a great measure masked by them. His mental faculties were reduced to child-like simplicity, his memory so failed him that he could scarcely recognize his most intimate friends. At times he was quite comatose, and it was with great difficulty that he could be aroused. His skin became more deeply sallow; his pulse and respiration very slow and feeble; the urine in a great measure suppressed; stomach irritable, and bowels very much relaxed. The face was slightly œdematous, but the extremities were free from any marks of effusion. He died perfectly comatose in about three months from my first visit.

Post-mortem examination revealed the following local lesions: on opening the cranium, the membranes were found quite healthy; on removing the brain, it was found very firm, and finely injected; about one-half ounce of clear fluid was discovered in each lateral ventricle, but in other particulars the brain was healthy.

The superior lobe of the left lung was slightly adherent at the summit of the apex, very much congested and studded with numerous tubercular deposits. The inferior lobe was very much congested, but contained no tubercles. The superior lobe of the right lung contained a few scattered semi-transparent tubercular deposits the size of a small pea. The middle and inferior lobe was slightly congested, and somewhat redder than usual, and the pleura contained about eight ounces of serum. The heart was much smaller than natural, and the pericardium contained five ounces of fluid.

The mucous membrane of the stomach was

red and injected; some ulcers in the small intestines, and others of larger dimensions in the cæcum. The colon and other viscera of the abdomen were healthy, with the exception of the kidneys. These were both smaller than natural; their external surface appeared shrivelled, shrunken, granulated and fissured. In cutting into them, the cortical substance was found very much wasted, and in some portions granulated. On a microscopical examination, the uriniferous tubes were found to be quite altered in their structure and stripped of their epithelium. Oily matter, in the form of minute molecular granules in considerable abundance. The Malpighian tufts were shrunken, and obscured by fibrinous exudation. The arteries and the veins also manifested marks of degeneration, and the latter contained firm coagula of blood, which, in some of them were closely adherent to their walls. The lining membrane of the pelvis was very soft, and in spots exhibited a few small ulcers; the ureters were red and congested. The bladder was contracted, but presented no morbid alterations.

This patient died from cerebral congestion, which was induced by uræmia. This, we confess, is a very unusual complication of pulmonary tuberculosis, and when the slightest symptoms of Bright's disease present themselves during the progress of a case, we should regard them in the most serious light, and should make a very guarded prognosis. According to some tables made out by Dr. Rees, of the Brompton Consumptive Hospital, London, Bright's disease does not occur more than twice in one hundred cases of phthisis. In most of the instances recorded by him it resulted in œdema of the lungs, and terminated the case very abruptly. We have never met with a case of phthisis terminating in this manner; but that our readers may get a very clear idea of the symptoms and pathology of a case of this description, we will present a brief synopsis of one from Dr. Thompson.

The patient was a young man twenty-one years of age. He had enjoyed good health until the age of nine, when he had an attack of scarlet fever, followed by drowsy; seven years after this he had influenza, which was succeeded by œdema and bloody urine; from this time until three months before his death, his health was very poor, but he was able to attend to business. In addition to his dropsical symptoms he had cough and hectic, for which he was advised to go to the country. He was

benefited by his visit, and considered himself quite well on his return home.

But the day after his return he was suddenly attacked with spasmodic cough, hoarse voice, and oppressed breathing. Dr. T. was now requested to see him, and found him with the following symptoms: "Slight dulness on percussion over the left side of the chest, but no bronchophony, and the only important physical sign was a delicate, sub-crepitant rhonchus over the whole chest. The patient's hands had a pale wax-like appearance; the bites of some leeches applied the day before were still weeping thin blood, but there was no œdema of the eyelids or ankles. No opportunity occurred for an examination of the urine, but the diagnosis of œdema of the lungs as a result of Bright's disease, was confirmed by the previous history.

"He died within two days of my visit. On inspection, after death, some pleuritic adhesions were observed, and slight consolidations of lung on the right side, but not sufficient to make it sink in water. The pericardium contained about four ounces of serum. The heart exceeded its natural size by about one-half. The principle morbid appearances, however, were in the lungs and kidneys. The former were charged with serum, which flowed out copiously, wherever incisions were made, and did not collapse until freed by compression from the fluid with which they were infiltrated. The kidneys were much enlarged. The left, which I now show you, is twice the natural size. A palish deposit varies its surface, and is so diffused throughout its substance as to render indistinct the difference between the cortical and vascular portions.

"This case is very instructive, and the narration of it may guard you against being taken by surprise, should any similar instances come before you. If, in any phthisical patient, you find the urine permanently albuminous, remember that death may occur from pulmonary œdema long before the tubercular disease has made any serious progress."*

PART SECOND.

But some may be ready to ask, is there any peculiarity of urine which is characteristic of pulmonary tuberculosis? To answer this question properly, it will be necessary to take a brief view of the urine in a state of health, and contrast it with that as we find it during the

progress of this disease. First, then, as to its specific gravity. According to Dr. Prout, the specific gravity of healthy urine is about 1020. Simon, however, states it at not more than 1012. But both of these estimates we regard too low, for we have often found it as high as 1025. Now in phthisis, as a general thing, its specific gravity will not exceed 1010, and in those cases attended with profuse hæmoptysis, I have, in several instances, seen it fall as low as 1005. It is remarkable, sometimes, to notice the diminution of its specific gravity, as it gradually keeps pace with the increasing mutations in the pulmonary organs, and the development of the tubercular diathesis. In the pretubercular stage we will find it almost normal; in the stage of deposit somewhat reduced, 1015; in softening and expulsion, particularly if attended with much inflammation, it may be somewhat increased again, 1020; in the last stage, under the gradual failing of the vital powers, it will be very low.

Diet, and certain therapeutical agents, will also increase or diminish the specific gravity of the urine. It is well known that coffee and tobacco perceptibly lessen its specific gravity, while iodine and iron increase it. In phthisis, proper treatment will greatly increase it. A young man applied to me for advice, with the following symptoms: Pulse 102 per minute, respiration 28, countenance pinched, skin blanched, Thompson's gingival margin very marked, cough and expectoration of mucopurulent matter, and hectic. Urine scanty and very pale, specific gravity 1009. Cavernous respiration, and cracked-pipkin sound at the apex of the right lung, pointing out the existence of a considerable vomica in that part. No abnormal sounds on the left side. I gave a guarded prognosis, and prescribed cod-liver oil, iodine, and iron. In nine weeks there was marked improvement; his hectic symptoms had disappeared: cough and expectoration moderate; appetite good; has greatly improved in flesh and strength, specific gravity of the urine 1020. This patient made a good recovery, and now, after four years, all that I can discover from an examination of his chest, is slight fluttering under the right clavicle, and a little increase in the frequency of the respiration. The approximation of the urine to its normal specific gravity during the progress of this malady, we regard a very favorable omen, and in making out our prognosis, we will do well not to neglect its teachings.

* Thompson's Lectures on Consumption, page 130.

The chemical constituents of the urine in this disease are not found to vary much from the healthy state. The following table is from Simon. In one hundred parts of solid matter he found—

Urea, - - - - -	33.80
Uric acid, - - - - -	1.40
Ext. matter, ammonia, and chloride of sodium, - - - - -	42.60
Alkaline sulphates, - - - - -	8.14
Alkaline phosphates, - - - - -	6.50
Phosphates of lime and magnesia, - - - - -	1.59

From the experiments of several chemists, it appears that a certain relative proportion of uric acid and urea are essential to a healthy state. In pulmonary tuberculosis it has been found that this relation is disturbed, as the following tables will show :

A case of advanced phthisis.	A person in health.
Solids, - - - - - 64.08	67.00
Urea, - - - - - 23.90	30.10
Uric acid, - - - - - 2.40	1.00
Salts, - - - - - 10.00	15.29

Simon gives the analysis of an advanced case of phthisis thus :

Water, - - - - -	975.95 grains.
Solid constituents, - - - - -	24.03 "
Urea, - - - - -	9.00 "
Uric acid, - - - - -	1.25 "
Specific gravity, - - - - -	1014.7 "
Quantity, - - - - -	16.2 ounces.

Dr. Bird made the following analysis in the early stage, before softening :

Water, - - - - -	19.125 grains.
Solids, - - - - -	936 "
Urea, - - - - -	328.5 "
Uric acid, - - - - -	4.5 "
Specific gravity, - - - - -	1020 "
Quantity, - - - - -	45 ounces.

I believe it may be stated, as a general rule, that whenever, from any cause, rapid waste of the system is proceeding, an excess of uric acid will be found in the urine. Such is always the case in phthisis, if it be not complicated with Bright's disease; in this case, as a matter of course, all the normal constituents must be notably deficient.

But the chief peculiarity of the urine in phthisis, particularly when there are large suppurating cavities in the lungs, is a production called *Eurarythrin*. This is a beautiful carmine precipitate combined with lithate of ammonia, which appears necessary to produce it. This precipitate is seldom found in any other disease,

excepting some of the more serious organic affections of the liver. Some writers have confounded it with another urinary deposit known by the name of *purpurine*. But there is quite a difference in these two sediments, and they are found in the urine under very different circumstances. Purpurine is frequently present in the urine in several disorders that are not attended with suppuration, such as congestion of the liver, rheumatism, and neuralgia, and will sometimes be deposited in large quantities, without the addition of any chemical; while *eurarythrin* occurs only in suppurative disease, and then very seldom as a free deposit. This sediment never appears in the urine only in the last stage of the disease, when numerous suppurating cavities have formed in the lungs, and when the vital powers are nearly exhausted, we may look upon it as a very grave symptom, and consider the dissolution of our patient very near at hand.

The Antrum of Highmore, and its Diseases.

By JAS. E. GARRETSON, M.D.,
Of Philadelphia.

DISEASES OF THE MOUTH—Continued.

Twelve years spent in a direction of practice which should have afforded me every opportunity for observation, and as well a scope of view, which necessarily offers to one who is not an unfrequent visitor at hospitals and clinics—these, united with a fair acquaintance with the literature of the subject, combine to impress me with the truthfulness and propriety of the conclusion, that the diseases of the antrum, outside of such tumors as I have described, are, for the most part, simple in character, easy of diagnosis, and not, as a rule, at all difficult of treatment. Indeed, I have not unfrequently thought, that, for the purpose of general study, one would not be entirely without justification in asserting that there were but two principal sources of trouble to be found in this cavity; the first, and prominent, being lesions secondary to the diseases of the teeth. The second, the troubles common to mucous membranes, wherever situated.

Certain I am, at any rate, that, without fear of successful contradiction, I may assert that the great majority emanate from the first of these directions; while the atonic condition, represented by the dropsies, the puruloid secretions, the mucus engorgements, the ulcerations,

etc. etc., are nothing different from the ordinary mucoid affections, except as modifications may be made by situation, the last being conclusively proven, I think, by the fact, that what is the cure of the one is the cure of the other.

While thus asserting, however, that in these two directions lie the chief sources of trouble, I would not, by any means, be understood as implying that the subject is unworthy investigation outside of such considerations; on the contrary, I am bound to confess that I find recorded more than one description of diseases of the cavity, which to me, at least, are as anomalous on principle as they are in description, and which I can only explain on the ungenerous supposition that the authors must have drawn somewhat on their descriptive powers, or, otherwise, that the antrum has some of the strangest of strange anomalies.

Again: as a class coming between these uncommon and the common affections, we have it, not at all indirectly, that there exists certain sequela of certain of the exanthemata which have a special and peculiar affinity for this cavity; while, in syphilis, I have, I think myself, seen the very first event in the secondary train exhibiting itself in a disturbance of this cavity. That this latter, however, is rare, I well know from observation extending over thousands of cases in Philadelphia Hospital; indeed, syphilitic troubles of the antrum are so infrequent even in the tertiary stage of that affection, that my observations would lead me to infer that the cavity never takes on the diseases unless when, from continuity of structure, it absolutely has forced upon it, as it were, the trouble, either from its relationship with the hard palate in the oral direction, or with the turbinated bones in the nasal; for, while the practitioner will surely hear complaints, yet, if he investigates the cause of trouble, he will find, as I have so often found, that mercurial inflammation of periodontal membranes is the source of offence, rather than the specific condition.

Accidental Injuries.—Clumsily performed surgical operations are occasional causes of morbid conditions being set up in the cavity, and which, when existing, would, of course, be so evident as to force the consideration of them upon the attention—the most common of these being the breaking of the fangs of teeth in attempts to extract these organs.

With these preliminary remarks, we will pass, then, at once to a consideration of the

premised principal cause of antral trouble—diseased teeth.

In the second of this series of papers—"Anomalies of Dentition"—I directed attention to the close relationship of the fangs of several of the teeth with the floor of the antrum, and to the fact that it was not unfrequent to find their fangs—particularly the palatine fang of the second molar—penetrating the cavity, thus associating their perosteums, and furnishing a continuity of structure.

In the same paper I called attention to such diseases and conditions of the alveolar border as were apt secondarily to affect the antrum, suggesting means of diagnosis and treatment. The reader, who may feel sufficient interest in the subject, might find it not amiss to review the paper alluded to, before proceeding to the consideration of the clinical cases I shall now present, and which I design shall illustrate this department of diseases of the antrum.

Case 1.—Indolent Tumor on the Right Cheek.—

A woman had an indolent tumor on the right cheek about the size of a pigeon's egg, occasioning much disfigurement, but altering the color of the skin very slightly. The patient had often suffered violent toothache on this side, and, though young, had few teeth now remaining, and these all carious; otherwise she was in very good health. The tumor was prominent toward the cheek, palate, and nostril, yielded on pressure, and gave a slight noise as it returned to its position.

These symptoms caused M. Runge to suspect the existence of some fluid, which it was necessary to evacuate and follow, with suitable injections. For this purpose, the cheek was drawn aside, and an incision made into the bone above the gum, with a bistoury, enlarging it before and backward, till a sufficient opening was obtained, from which escaped an inodorous mucous fluid. The bone was at no point denuded of its periosteum, the wound was dressed with a pledget of lint saturated with spirits of wine, and the next day the patient was better. On the third day she was feverish, the sinus was swollen and painful, and the discharge acrid and fetid. These symptoms were controlled by proper remedies, and, after twenty-four days, the walls of the sinus were nearly restored to their normal condition.

The canine tooth of this side being very obliquely situated, M. Runge thought proper to extract it, and thereupon followed an escape,

through its socket, of fluid contained in the sinus, though the tooth itself seemed perfectly sound. Through this orifice injections were made. The opening made in the external wall healed promptly, without any exfoliation; in six months the tumor entirely disappeared, and the patient was cured. (From Baron Haller's Collection of Medico-Chirurgical Theses.)

The translator of the above case, in commenting upon the treatment, pointedly remarks:—"One cannot fail to see the uncertainty, not to say obscurity, of the treatment here adopted. Though all the teeth were carious, and their extraction was plainly indicated, an incision in the external wall of the antrum, or, more correctly, its destruction was determined upon. The result we see in the symptoms which supervened on the third day, which were, perhaps, hastened by the spirits of wine. We have here a canine tooth quite displaced and involved in the tumor; yet it was long before the idea of its extraction occurred, though the subsequent discharge, through its socket, proved how advisable it would have been at the commencement of the treatment. In this way the time of cure might have been shortened by half."

Case 2.—Distension with Softening of the External Walls of the Sinus.—In —, says this same surgeon, I was consulted in the case of a large tumor of the right cheek. The external wall was much distended and softened, and yielded to pressure, upon the removal of which it gave a sound resembling the crushing of an egg-shell. The nose was turned to one side—the nostril was obstructed—yet the patient suffered no pain, and the skin, though distended, preserved its natural color. On examination of the mouth, I found that the crowns of the bicuspides and molars were destroyed by caries, which induced me to advise the extraction of their persistent fangs; the patient consenting, this was immediately done. The shock occasioned by the extraction of each of the fangs, caused a portion of fluid to escape from the sinus through the natural opening; it was thin, reddish, saline, and inodorous, and, in all, about three spoonfuls. The tumor could now be made to disappear by pressure, but would again return to its full size. Pressure caused no escape of fluid through the nasal, and but slight through the alveolar opening, which was at the bottom of the first molar socket, and large enough to admit the finger.

The internal membrane of the sinus was en-

tire, except at the alveolar opening; through this I made injections of warm water, strengthened with a little alcoholic vulnerary fluid. The next day I injected the sinus repeatedly, with a decoction of agrimony* and honey of roses, meanwhile not neglecting external compression. In fifteen days the parts returned to their natural condition, all crepitation of the bone ceased, and the discharge was very slight. I now had recourse to stimulating solutions. On the second day the discharge had ceased, and the alveolar opening was reduced to a mere fissure, and in a month from the extraction of the teeth the patient was fully restored.

Case 3.—Periodontal abscess affecting the antrum: A patient was brought to me who, for more than three months, had suffered with a tumor like the above, on the right side. The maxillary cavity was distended to a level with the orbital margin; the nose was turned to one side, and the vault of the palate was remarkably prominent. I removed the fangs of the first two molars, the crowns of which had been destroyed by caries, and which I believed to be the immediate cause of the disease. I then enlarged the opening at the bottom of one of the sockets, through which escaped a large quantity of a serous inodorous fluid. Pressure upon the palate and external wall caused its escape through both the alveolar and nasal opening, and these compressions together with suitable injections, soon terminated the disease.

The teeth on the left side were in a similar condition, and I urged their removal; but the patient would not consent. In three months she came to me with a precisely similar swelling of this side, which I cured in the same manner.

Case 4.—Abscess of the antrum caused by a tooth: The following very interesting and instructive case is from the practice of Dr. White, of this city, and was reported for the Dental Cosmos by his son, Horace Meredith White, M.D.:

"Mr. S., aged twenty years; light complexion, peculiar whiteness of the skin, a characteristic of the family, had been complaining for some time of a fetid discharge from the right nostril; of heat, and a sense of tension in the right superior maxilla.

"He applied to his physician, who gave him a wash, with the belief that the parts would speedily return to their normal condition, he

* A mild tonic and astringent.

supposing the affection to be merely an increased discharge depending on a slight local hyperæmia, the result, perhaps, of the bad state of the weather at the time. The parts, however, did not recover, the discharge became much more fetid, and evidently was principally composed of unhealthy pus, though it was not as copious as it had been previously; the pain was not severe, but the heat of the parts more elevated, and the sense of tension increased. The patient was irritable and pale; the heat of the body was rather above the average temperature. This was the condition of the patient when he came under the care of Dr. W.

"Upon examining the anterior nares nothing could be discovered to account for the discharge; the mucous membrane being a little inflamed, but not sufficient to occasion it. A diseased state of the antrum was suspected, and the mouth was examined to ascertain if a diseased tooth could be the cause. The second molar, upper jaw, right side, was unsound. Part of the crown was decayed away; the bulbous portion of the nerve and the filaments of the buccal roots were dead, but that part in the palatine root was living, and occasioned the patient pain. A little arsenical paste was applied to destroy it. No sign of alveolar abscess was present in it or any other tooth. The next day the nerve in the palatine fang was removed without trouble; a careful inspection was now made, and important information was received. Upon examining the right nostril with a speculum a little pus was seen in the middle meatus. The patient was requested to incline the head toward the left side, he did so, and upon looking at the parts again, a large amount of pus was found. This, together with the facts stated already in this paper, and that there was no other assignable cause of the discharge, were deemed sufficient to establish the diagnosis—abscess of the antrum, caused probably by the unsound second molar tooth.

"Extraction was advised and submitted to. Upon the removal of the tooth no pus escaped. A probe was introduced into the alveolus previously occupied by one of the buccal roots, and readily passed on into the antrum; pus now followed the withdrawal of the instrument.

The cure was completed on general principles.

Dr. White concludes the description of his case by remarking a coincidence which it will not be at all amiss to repeat here—a coincidence which could only have been alarming

enough to the patient. The gentleman had frequently visited a horse belonging to his father, which had a profuse discharge from the nose, and which was thought to be glanders. The horse's malady was prior to that of the patient, and of course could only have caused him to fear that he had contracted the disease from it.

Dropsy of the Antrum—which is only another name for mucous engorgement, is not unfrequently, as I have had occasion to observe, the result of a reflected chronic periodontal inflammation. In such cases, we have the exact analogue of similar inflammation in the cavity of the mouth; the membrane becomes puffy and thickened, the mucous secretions become inspissated, the natural opening of the sinus (simply through this thickening of the mucous membranes, the folds of which are the natural outlet of the cavity) become obliterated. All egress being closed, the result is not difficult to surmise, if there should not occur atresia of the occluding membranes, and no correct surgical assistance is afforded, there must of course result either the gradual attenuation of the weakest portion of the parietes of the cavity, or the setting up of active and severe inflammation. If, on the contrary, the natural outlet has a partial restoration, it is not at all unlikely that a troublesome—and if misunderstood—a tedious and unmanageable puruloid discharge will ensue; this being the result of a continuance of the cause of trouble. Recalling illustrative examples from my own practice, I remember particularly the case of a child who, previously to coming under my care, had been treated nearly two years for the occasional discharge of muco-purulent matter from the left nostril; the child was of bad temperament, being a cross of the bilio-lymphatic. This patient I had the satisfaction of relieving in a single week, the treatment being wholly directed to the dental arch, if I may except a course of salt sheet baths—continued long after the local cure, and which I had directed in consideration of the atonic condition of her general system.

The relation of temperament and conditions are to be closely considered in connection with these diseases of the antrum; it is, of course, far from being every one who is troubled with a bad tooth, the fangs of which penetrate the cavity, that has secondary disease as the result. I have just now under treatment a patient suffering from necrosis of the whole roof of the mouth, the result of a syphilitic cachexia, the

exciting cause of the local trouble being an incisor tooth anomalously developed. This tooth, the extreme point of which presented just back of the incisive foramen, had been mistaken by a practitioner for the point of a sequestrum, and being worked and cut at, periostitis had developed, and when the dead bone, which is the result, is ready to come away, I am sure I shall find both antra exposed.

Without such predisposing cause, it is evident that this extensive disease would never have been excited. It is the same, as in every direction of surgical practice—one man receives a wound, a cut, perhaps, on the face, and it troubles him so little that he scarcely stops for a moment his work to examine the injury. Another receives precisely the same kind of a wound, and in a week he is dead from erysipelas.

To be Continued.

Report of Two Cases of Rupture of the Uterus.

By JOHN SWINBURNE, M.D.,
Of Albany, N. Y.

Mrs. J. F., a native of Ireland, aged thirty-four years, healthy constitution, has borne five healthy children, the first of which labors was tedious, but normal; the remaining four were easy and normal, at the last of which I officiated as accoucheur. The sixth and last was attended by my assistant, Dr. J. G. Smith, who furnished me with the following facts: Mrs. F. was taken in labor about 6 P. M., labor moderate, until 10 P. M., when the pains became very active, and much of the time little intermission existed between the pains. Examination per vaginam at this time revealed a vertex presentation, left occipito-iliac position, and anterior variety; labor continued active, until the head pressed firmly against the perinæum, and it seemed as if one pain more would complete the labor. During an active expulsive effort, the pain suddenly ceased, and did not again return. She commenced retching with slight vomiting, followed by prostration.

This condition continued for about an hour from the suspension of pain. When I saw her she presented the following symptoms:

Face flushed and anxious, pulse about 120 per minute, full, soft, and compressible; with an occasional distinct jerk and intermission; breathing, quick, painful, and irregular; skin

moist, and clammy; great sense of soreness, and pain in the chest, shoulders, and abdomen; all the time wishing that she could sleep that she might die easy.

My first impression was, that it was a case of simple uterine exhaustion, and made an examination per vaginam; found the presentation as above described. Notwithstanding the recession of the head it was still low down in the pelvis. Examination of the abdomen revealed the full form of the child, (from its feet to near its shoulders,) directly within the abdominal walls, clearly showing that it had escaped from the uterine imprisonment, into the abdominal cavity. So distinct was the feeling that no doubt remained upon my mind, as to the nature of the accident.

Auscultation revealed the absence of the fetal circulation, both as to the heart's action, and placental bruit. This rendered the delivery unimportant, so far as the child was concerned; while the sinking condition of the mother showed that life was ebbing, and that all efforts of the accoucher would be unavailing. These symptoms increased, and she continued to sink, accompanied by cold, clammy perspiration, breathing about 50 per minute, circulation from 140 up to imperceptibility, when she died at 5 A. M., being about 3½ hours from the time of the rupture.

The interesting features in this case, are: 1st. That all her labors were normal, and all but the first easy. 2d. That this labor was nearly completed, when suddenly without any apparent cause, the rupture takes place. 3d. She had enjoyed perfect health during the pregnancy, and that during labor, the os dilated naturally with sufficient of healthy secretions, and no heat or evidence of inflammatory action about the parts. 4th. She had taken no uterine stimulants, such as ergot, etc.

Unfortunately no dissection or post-mortem could be obtained.

For the following very interesting case, I am indebted to Dr. J. V. P. Quackenbush, (Prof. of Midwifery in the Albany Medical College,) through whose kindness I made the autopsy, and who has since kindly furnished me with its history, which I will here append.

Mrs. Moore, aged thirty years, was taken in labor with her first child Jan. 3, 1857. The presentation was vertex; the position, left occipito-anterior. The labor was protracted and very severe, owing to a disproportion between the child's head and the pelvis, and was termi-

nated by the forceps. The child, female, was still-born. The mother had a speedy recovery.

The patient was again confined July 17, 1858. A midwife was in attendance for twenty-four hours, when, the woman suffering severely, I was called to see her. As I entered the room, the patient uttered a loud shriek, and begged me to deliver her immediately. She was on her knees, leaning against the bed. I directed her to be placed in the bed; and having made an examination, attempted to apply the forceps, but failed, as the head was so movable that it could not be clasped by the blades. I immediately suspected what the difficulty was, and had her placed in a comfortable position. 8 A. M. the pains entirely ceased, and there was no repetition of them. The patient continued to fail in strength, and died in twenty hours. There was no vomiting during this time, and no symptom indicative of the accident, except a sudden cessation of pain, and a gradual sinking of the vital powers.

Four hours after death, I assisted my friend, Dr. Swinburne, in making a post-mortem examination: when our diagnosis was verified; we found the following condition of the parts. Upon laying open the abdomen, we found the child outside the uterus. On examining the uterus, we found a large laceration at the right inferior anterior portion near its connection with the vagina.

The cause of the accident was the undue disproportion between the child's head and the pelvis, and probably occurred when she was leaning against the bed, and it was this that elicited the shriek which she uttered previous to my entrance into the room.

The point of interest in this case was the absence of those symptoms which are generally met with in cases of rupture of the uterus.

Removal of the Scapula by Enucleation close to the Glenoid Articulation.

By A. G. WALTER, M.D.

Of Pittsburgh, Pa.

Resection of the entire body of the scapula having been successfully performed in several instances abroad and at home, we wish, by the narrative of the following case, to record only the fact, that the arm deprived of its scapular support had attained such perfect usefulness in the short space of a few months, as to enable the young man to enter the army as bugler in the artillery corps during the present war.

Eugene Messick, nineteen years of age, born in Denton, Carroll county, Maryland, served as a cabin boy on sailing vessels in the Southern trade. Small in size, but very active; the scrofulous constitution well-marked. He enjoyed uninterrupted good health till December, 1859, when, after exposure, he was attacked with double pleurisy, confining him to his bed in the Albany hospital for a month. While thus affected, pain in the right shoulder, with swelling and inability of motion set in, the least jarring producing exquisite pain. Under a variety of treatment an abscess at last formed over the scapula, which was opened in March, 1860, in three places, twice over the scapula and once under the arm, discharging a large quantity of offensive pus, with temporary relief of swelling and pain. The shoulder, however, soon began to swell again, and became very painful; some pieces of bone being occasionally exfoliated from the fistulous opening under the arm. In August he was admitted into the Washington City hospital, where, by a free incision along the posterior margin of the axilla, some small pieces of necrosed bone were removed.

The wound having been closed after the expiration of eight weeks, a fistulous opening only remaining in the site of the original wound, he left the hospital and went to the country, hoping to recover under the genial influence of pure air. But failing to find permanent relief, the shoulder again having increased in size, with return of pain, the fistula constantly discharging, he entered my hospital in December last, his case then offering the following symptoms: The posterior face of the shoulder over the body of the scapula greatly swollen; the skin traversed by enlarged veins; great pain at the seat of swelling, extending down to the fingers, aggravated by pressure. The articulation of the humerus in front and at its outer face tumefied and painful, the natural contour of the joint being effaced. There is a fistulous opening at the posterior border of the axilla in the middle of the scar, left after the incision, into which the probe passes freely outward, and in front of the scapula to the extent of several inches, touching the rough anterior face of the scapula and its neck. Rotation of the shoulder-joint produced no grating, but exquisite pain; the joint appearing stiff from contraction of the muscles surrounding it. Discharge from the fistula not profuse, but constant. There is emaciation, irritative pulse,

short hacking cough, with flushed cheeks in the evening. His appetite is variable, sleep disturbed, secretion of urine diminished, with disposition to constipation.

Convinced by the history of the case and examination, that necrosis had attacked the entire scapula, on December 29th, 1860, assisted by Drs. Pillichody and McGrath, chloroform having been administered, an incision was made from near the acromion process, transversely along the spine to the posterior edge of the scapula, and another from the centre of the first, directly downward to near the angle, transversing the skin and muscles down to the bone. The flaps thus formed were reflected, the acromial end of the scapula was next cut, through with pliers, and the neck of it with the chain saw. The whole body of the scapula was then enucleated out of its periosteal investment which was found much thickened and only loosely connected with the bone. Free venous bleeding followed from the bottom of the wound; the subscapular artery having been cut, required ligature, torsion arrested bleeding from several smaller arterial branches. The bone thus enucleated was found roughened on its surface, and thickened from long deposit within its substance, of brawny color, excavated by caries along its inner border from the neck obliquely down and outward to near its angle, from whence exfoliation had taken place previously at different times. The flaps having been replaced, were united by several iron wire sutures, a pledget of lint having been placed in the lower angle of the wound for facilitating the subsequent discharge. The arm was bound lightly to the chest, cold water dressings were applied, and hot coffee administered, the pulse and temperature of the body being greatly lowered by chloroformisation. A full anodyne was given at bed-time, with sulph. quin. gr. ij every three hours, as a prophylactic against surgical fever. Vomiting, the effect of chloroform continued for two days, but reaction was moderate, and suppuration set in timely and duly. Sulphate of quinine and morphia were continued, the cold water dressings being replaced by linseed meal poultices. On the 4th day, the patient began to leave his bed for a short time, which he quitted after a week. With the exception of a short hacking cough during the night, which had troubled him for a week, his recovery was rapid; suppuration moderate and strength returning. His appetite became very keen, and with it return of flesh was perceptible.

He left the hospital five weeks after the operation, the wound being entirely closed, with the exception of a fistula near the neck of the scapula, from which some pus was discharging. Swelling and pain having left the shoulder, the patient considered himself well, and returned to his home in the East, his arm having become even then somewhat useful.

Not having heard from the patient since his leaving my hospital, I was agreeably surprised to see him in August last in this city, in military dress, having returned, as he stated, from the field of the battle at Bull Run, where he had been engaged as a bugler. On examination of his shoulder I found the wound firmly closed; in place of the resected scapula there was a degree of fulness and firmness, leading to the belief that the periosteum had thrown out new bone in place of the enucleated scapula. The motion of the arm was surprisingly free in every direction, the limb itself having regained its former fullness and strength.

That recovery to such an extent, with perfect and unlimited freedom of motion of the member, should have followed the entire removal of the scapula, in the short space of six months, with even apparently complete reproduction of the bone, may appear rather astonishing, but is nevertheless true.

Facts like these, which modern surgery is daily bringing forward, are but the harbingers of still greater triumphs hidden in the future, which the conservative surgeon will accomplish, if nature's book be his ceaseless study, and his mission that of her dutiful minister.



Death of Frau Dr. Heidenreich.—Germany has lost one of her most eminent female scholars. Frau Dr. Heidenreich, *née* von Siebold, died at Darmstadt recently. She was born in 1792, studied the science of midwifery at the Universities of Göttingen and Giessen, and took her Doctor's degree in 1817, not *honoris causa*, by favor of the faculty, but, like any other German student, by writing the customary Latin dissertation, as well as by defending in public disputation a number of medical theses. She took up her permanent abode at Darmstadt, where she was universally honored as one of the first living authorities of her special branch of science.

Dr. Fischer in the Wiener Allgemeine Zeitung, states that the vomiting which follows inhalations of chloroform, may be prevented by giving the patient a glass of wine before the inhalation begins.

EDITORIAL DEPARTMENT.

PERISCOPE.

Summary of the Papers contained in the Transactions of the Ohio State Medical Society, for 1860.

By O. C. GIBBS, M.D.,
Of Frewsburg, New York.

This volume, besides the report of the proceedings, and the President's address, contains several reports and papers of interest of which we shall endeavor to give some account.

OBSTETRICS.

The first paper is a report upon obstetrics, by M. B. Wright, M.D. The hymen, he considers not an unfailing test of virginity, for he once saw a woman in labor with the hymen entire, with an opening too small to admit the finger for purposes of examination. Can sexual intercourse be effected, and conception take place, the woman having no knowledge of the sexual congress, being asleep, is a question considered by Dr. Wright. He takes the affirmative of the question. In support, he mentions a case that came under his observation. A lady who had been married several years, and borne two children, separated from her husband. One morning, on awaking, she found him in her bed. Being denied sexual intercourse, he affirmed he had taken that liberty in the night. As she had no knowledge of it, she supposed the statement a false one, made to secure her acquiescence in present indulgences. She successfully resisted him, friends were aroused, and her discarded husband driven from the house, whom she never saw more. At the expiration of nine months the lady was confined, and gave birth to a mature child. She denied connection with any other man, and also of having any knowledge of this. Another case is mentioned: a young girl, aged sixteen years, was confined of a healthy child at full term. During labor she solemnly avowed that she never had sexual connection with a man, and that, too, when the physician told her she must soon die. Afterward, her brother-in-law, a clergyman, confessed that he had got into bed with her while she was asleep, and had attempted connection, but emitted without complete penetration. He supposed her to be unconscious of his attempt, and had no doubt of the correctness and sincerity of her statement.

Abortion is next considered, and the subject is illustrated by cases. We shall stop here only to make one quotation and a passing remark. "Cases, such as the above, led naturally to the conclusion that the embryo is the first to lose its vitality, and that the placenta may attain

considerable size, and remain an indefinite period in the uterus, with a destruction of its natural functions. The practical lesson to be derived from all this, has relation to the treatment of threatened abortion."

We have no doubt of the fact that, in many cases of abortion, the death of the embryo precedes the hemorrhage. If the hemorrhage is great, if not already dead, the embryo will soon die. This opinion has guided our treatment. We never allow a woman's health to be broken down by a protracted uterine hemorrhage in first months of pregnancy. When the hemorrhage becomes considerable, we at once empty the womb of embryo and secundines. With this treatment we have been well pleased, and have not been conscious of removing an embryo containing vitality.

Prolapsus uteri is considered with earnestness, and with evident confidence in the correctness of his opinions. A change of place of the womb he regards a normal condition, and a descent below a certain level not necessarily a prolapsus. "In a word, the uterus changes its direction and relations, independent of disease." "There is a power within the pelvis capable of acting upon the uterus, and changing its position." This is illustrated by cases of complete procidentia becoming rectified by the natural efforts. "Thus we have become satisfied that there is a power to elevate as well as to depress, and that the feelings of prolapsus do not occur from mere change of position of the uterus."

The *pathology* of prolapsus is discussed, but we have not space to follow the author; his *treatment* is of more consequence to us. He says: "Since we have had opportunities for observation and experience, we have had a decided repugnance to the use of pessaries." Upon this point our opinions have been previously expressed. Dr. Wright thinks "that most cases of procidentia arise from a morbid state of the uterus itself." "Upon examining cases, in which not only the general symptoms of prolapsus were present, but a soft and tumid uterus, we have applied tincture of iodine two or three times a week to the neck of the organ, and, as it became condensed and less in volume, all symptoms of prolapsus have vanished."

Rupture of the uterus is next considered, and the best means of treating when the child escapes through the rent into the abdominal cavity. "As a fixed rule of practice, Ramsbotham, Blundell, Lee, Churchill, Rigby, Dewees, Meigs, and others, advise that the hand be passed through the rent, that the fetus be seized by the feet, drawn back into the uterus, and then delivered as in ordinary turning." Dr. Wright's opinions are thus given: "When we consider the obstacles to be encountered in the usual mode of delivery, after rupture of the uterus, and the escape of the fetus into the abdominal cavity, and the almost universal fatality to both mother and child, it becomes the profession to

estimate well the comparative advantages of the Caesarean section. Our experience in complicated cases of rupture, inclines us to advocate the section in preference to turning."

Of the correctness of this last opinion we have long been convinced. There are several obstacles to delivery by the natural passages: 1st. Rupture seldom takes place unless there is some considerable obstruction to natural delivery. 2d. When the foetus has escaped into the cavity of the abdomen, the womb generally contracts; thus naturally lessening the rent and enhancing the difficulty of its return. 3d. And most important of all, blood will flow freely into the cavity of the bowels. This cannot be all removed, even though the foetus be delivered, and its decomposition must develop a condition of things from which it could scarcely be expected that a patient would recover. Where the Caesarean section is performed, the cavity of the abdomen can be carefully cleansed, and the patient in many other ways placed in a more favorable condition for recovery. Dr. Wright says the first successful operation of this kind, in this country, was performed by Dr. George Fries, of Cincinnati, in the year 1858.* Pertinent to the subject under consideration, is a remark made by Dr. Fries in the report of his case. After removing the foetus and placenta, he says, "The whole abdominal cavity being filled with blood and liquor amnii, their removal proved much the most troublesome part of the operation. Long and careful use of the sponge enabled me to cleanse the cavity." This remark confirms our statement that turning and delivery through the rent and by the natural passages, leaves the cavity of the abdomen filled with foreign matter, and the patient in a poor condition for recovery.

Dr. Wright concludes his report with a consideration of *cephalic version*. In cases of shoulder presentations, Dr. Wright believes that cephalic version can be performed in the majority of cases, with increased safety to mother and child.

CANNABIS INDICA.

The next paper is a report on *Cannabis Indica*, by Dr. R. E. McMeens, of Sandusky, with a supplement by Dr. W. P. Kincaid, of Neville, Ohio. The Indian hemp is considered a valuable addition to the materia medica, and peculiarly adapted to cases of hysteria mania-a-potu, asthma, gonorrhoea, insanity, etc.

Dr. McMeens concludes his paper thus:—"In conclusion, I would state, as the result of my

* So reads the manuscript. We have not the "Transactions" at hand to refer to, though we suspect there is an error in the date. It may have been a typographical error in the Transactions. The operation of Caesarean section was twice successfully performed on the same woman by Dr. Wm. Gibson, Professor of Surgery in the University of Pennsylvania, at a much earlier date. The first operation was performed on the 25th of March, 1835, and the second on the 5th of November, 1837. Both children, a boy and a girl, we saw alive and well in 1850, the girl being fifteen, and the boy thirteen years old.—*Els. Med. & Surg. Reporter*.

own experience and observation, in addition to the cases already reported and referred to, that I am fully convinced of the peculiar efficacy and pertinency of the remedy to certain pathological conditions, occupying or involving the nervous system. In those mixed and indefinable paroxysms of an hysterical nature, I have found no remedy to control or curtail them with equal promptness and permanency. In the protean and painful conditions connected with uterine disorder, I have ever found it an admirable adjuvant in their treatment, as an anodyne ingredient, in a variety of combinations. In sleeplessness, where opium is contraindicated, it is an excellent substitute. In two cases of nervous spasmodic cough, it proved efficacious, where a number of antispasmodics failed to afford any relief. In a violent case of puerperal mania, it acted most happily and beneficially in controlling the fury of the patient and in securing sleep. As a calmative and hypnotic, in all forms of nervous inquietude and cerebral excitement, it will be found an invaluable agent, as it produces none of those functional derangements or sequences that render many of the more customary remedies objectionable."

MEDICAL LITERATURE.

The third paper is a report upon *Medical Literature*, by Dr. E. B. Stevens, of Cincinnati. The report shows an extensive acquaintance with the medical literature of the day. We shall make but one quotation from this report. Concluding his remarks upon medical journals, he says:—"We have only to allude to a single suggestion that has been frequently made, that commends itself at once to our sense of fitness, but which, as yet, has not been attempted to be fairly carried out. There is a necessity in our medical literature for a quarterly or semi-annual volume of abstracts, that should, after the manner of Braithwaite or Ranking, fairly collate, condense, and arrange all the contributions that are continually making to American medicine. We have not the space to discuss the details of such a publication, or the important influence such an enterprise would have on our professional status at home and abroad—the idea will at once, as we have said, commend itself to every one."

Our readers may remember that we attempted to inaugurate an enterprise, last year, not unlike that here suggested, and if it commended itself to the good sense of physicians it failed to bring out a response, and the enterprise was allowed to die for want of encouragement.

CHLOROFORM.

The next paper in the Transactions is entitled, "The Effects of Chloroform upon the Intellectual Processes," and is by Dr. T. L. Wright, of Bellefontaine, Ohio. This is an elaborate paper, and we have marked several

passages for quotation, but, for want of space, we shall be compelled to confine ourselves to the conclusions as summed up by the author, which are:—"1st. That will is always action when there is mental consciousness. 2d. That will cannot be directly impressed by another will, but that the judgment may be misled, and the will, though free, may act upon false conceptions in a manner different from what it would do if the mind and senses were perfectly active. 3d. There may be venereal connection with a female while she is conscious and unwilling; but there may be no venereal connection with a female, while she may honestly believe she has been under the delusion of organic sensibilities, occasioned by the peculiar action of chloroform upon her nervous system. 4th. It is impossible for a woman very often to decide whether actual connection has been had or not. 5th. The evidence of a person respecting transactions that occur to the mind while partly conscious, is always liable to the most monstrous fallacies, and it should not be received as sufficient proof of any fact. 6th. Evidence of females respecting rape upon themselves, while unconscious from chloroform, is particularly liable to suspicion. 7th. Evidence of females respecting rape under such circumstances, should be subjected to all the rules and exceptions of circumstantial evidence, and should be fully corroborated by other circumstances."

Upon the subject of this paper we should be glad to remark at length, but we must forego the desire. The testimony of a man or woman, of impressions, or of what they regarded as knowledge of facts, transpiring while they were under the influence of chloroform or ether, we should consider of but little worth. Our readers will remember a case that came before the courts in Philadelphia, in 1854, in which a dentist was charged and convicted of rape, upon the statement of a lady who was under the influence of ether at the time the alleged rape was committed. She alleged that she was perfectly conscious of the violation, but had not the power to resist or to cry out. She averred that she was conscious of complete penetration from the *pain felt in the private parts!* Now, every physician, or dentist, that has had any experience in the use of anesthetics, knows that the lady's testimony in this case was perfectly worthless, and the conviction probably unjust. We grant, rape may have been committed, as a woman may be actually subject to outrage under the influence of anesthetics, but we aver that the lady's testimony was utterly worthless as proof of it. A person under the influence of anesthetics loses all cognizance of pain *before the power of motion is gone.* The ability to resist or to cry out, is only lost with the loss of consciousness of all surrounding objects. Hence the woman could not be conscious of the violation of her person, and yet unable to resist or to cry out; and more, she could not be in a condition to render speech and motion impossible, and yet

be conscious of the penetration in consequence of the *pain* produced! The statement involved absurdities that should have been fatal to it as evidence, where the honor and liberty of a man were concerned, and the wreck of a family to be the result of conviction.

DISEASES OF THE EYE.

Passing over the report upon Obituaries, by Dr. C. P. Landon, we come to the report on *Diseases of the Eye*, by Dr. A. Metz, of Massillon, Ohio. The subject of *purulent ophthalmia* is first considered. We shall refer only to treatment. Dr. Metz thinks that depletion is often carried too far in this disease. "Ordinarily," he says, "mild purgatives, with cupping the temples or back of the neck, is all the general treatment demanded." Locally, he would make a continuous application of cold, and occasionally syringe out with cold water. In the first stage, he thinks any medicine added to the wash would be worse than useless. After the violence of the inflammation is passed, he would use, as a wash, a solution of nitrate of silver, ten to twenty grains to the ounce of water, two or three times a day. We are of the opinion that general treatment can be made serviceable even early in these cases. Instead, however, of the excessive bleedings practiced by Bacot, Wardrop, and others, we would depend upon quinine and opium in tolerably liberal doses. This would not be inconsistent with local depletion. Even in the early stages, we would add alum, from six to ten grains to the ounce, to the cold water, and inject every hour rather than two or three times a day. From ten to twenty grains of nitrate of silver to the ounce, we regard as too strong even for the second stage. To be continued for several days together, we should regard from three to five grains to the ounce quite strong enough.

The next subject considered by Dr. Metz is *granular conjunctiva*. Of treatment, he says: "The chief remedies relied on in the treatment, are, locally, the nitrate of silver, sulphate of copper, acetate of lead, with scarifications, and in some cases excision of the granulations. Some cases demand cupping on the temples, or back of the neck, and vesicatories behind the ears. In many cases of long continuance, there is a state of general depravity, digestive disturbance and general debility, that requires quinine, iron, iodide of potash, and sometimes cod liver oil." He says much discretion may be used in the selection of remedies: "Nitrate of silver is indicated in certain grades of inflammatory action, and also as a detergent in croupous blenorrhæa; lead is indicated in the soft or vegetant granulations; and sulphate of copper generally does best in hard or fibrous granulations. For soft or vegetant granulations, especially in cases where there is too high a grade of inflammatory action, the ace-

tate of lead, very finely pulverized, and applied to the diseased conjunctiva, is the most happy remedy I have ever used." Particular directions are given for its use, for which we have not the space. This part of the paper is particularly worthy of being extensively quoted from. In cases of granular lids, constitutional remedies are usually of the first importance. The patient's health is below par and must be improved, if we would succeed in the treatment. Dr. James Dixon, of London, speaks highly of a remedy not alluded to by Dr. Metz. He says: "I have seen much benefit from applying the undiluted liquor potassæ to the palpebral granulations. Dr. Bader first suggested this plan of local treatment, and certainly it is the most successful I have yet tried."

We pass over the balance of Dr. Metz's paper, interesting as it is, without further remark, contenting ourselves with one quotation more, and that in reference to operation for cataract. He says: "I am of the opinion that in some cases of hard cataract, even when both eyes are blind, and the patient appears unmanageable, that it would be preferable to lacerate the capsules, and wait some months for absorption to render linear extraction practicable, to risking flap-cut extraction. The precaution cannot be too well remembered to cut but little at the first operation for decision. It is better to operate several times at proper intervals, than cut too much at once."

DISEASE OF UTERUS.

The next paper in the Transactions consists of a *Report of three cases of Inflammatory Disease of the Neck of the Uterus*, treated with the local application of nitrate of silver, by Wm. H. Reeves, M.D., Springfield, Ohio. There is nothing peculiar about the cases, or particularly worthy of remark excepting, perhaps, the first case. The prominent symptom in this case was protracted, and uncontrollable vomiting, unassociated with pregnancy. The vomiting was supposed to be sympathetic, and consequent upon an inflamed and ulcerated condition of the cervix uteri. After a failure of all the usual remedies, the vomiting yielded promptly, as the local disease improved under the application of nitrate of silver to the neck of the uterus. Aggravated cases of sickness in pregnancy are frequently associated with disease of the neck of the uterus, and are best treated with remedies directed to the local disease. This is by no means new treatment. We see no good reason why disease of the cervix uteri may not cause vomiting in cases unconnected with pregnancy, and like those cases be successfully treated by means directed to the uterine disease.

INSANITY.

Passing by the report on Medical Societies by Dr. G. F. Mitchell, we come to a report on Insanity, by Richard Gundry, M. D., of Dayton. This is an able paper, occupying 56 pages of the Transactions, and is certainly creditable to the author and the society that called it forth. Dr. Gundry says that insanity "in the northern portions of these United States, is much more prevalent than in the sunny South."

The causes of insanity are entered into quite fully, but we have not space to follow: we shall allude only to a remark upon the meteorological influences. "Every man is familiar with the fact that one day he feels clearer, more active and energetic, that the fresh air he breathes stimulates him to renewed vigor, while on another day it depresses him, makes him peevish and ill-tempered, although the circumstances surrounding him are on both days apparently similar." . . . "Every one of us will recall to memory some persons who appear to be susceptible to such impressions, and in whom lassitude and various unpleasant sensations always are present during certain conditions of the atmosphere." . . . "In Buenos Ayres, according to Sir Woodbine Parish, there is a wind which sometimes prevails, and produces in some persons peculiar irritability and ill-humor, almost amounting to a disorder of their moral faculties." The curability of insanity is considered, but the means of cure are omitted. The statistics of 23 institutions are considered, and it is found that the recoveries are about 43 per cent. The statistics of the three institutions of Ohio give a record of recoveries amounting to 47½ per cent. The constitution, by-laws, and list of members concludes the volume of Transactions. From the foregoing it will be seen that the Ohio State Medical Society is a working body, and the published Transactions creditable to its working members.

THE CURE OF CONSUMPTION BY LEAD.

M. Beau, in his last clinical lecture at the Charité, wound up the subject of phthisis by a long and critical enumeration of many of the various remedies which have from time to time been proposed either as infallible or palliative means for its treatment, and recounted to his audience the principal reasons which had induced him to attempt the employment of preparations of lead in the cure of tubercular pulmonary affections. "Phthisis," he said, "has been cured by all sorts of methods and in all sorts of ways; the fact being that, as this malady depends upon the reciprocal action of a diathesis and of globular anæmia, the remedy

which is able to oppose the progress of the latter condition, may not only prevent the disease from making further inroads on the system, but also contribute to the healing of such lesions as already exist. My intention is not certainly to enumerate all the means for treating consumption which have in turn been extolled and employed against this malady; you will find them detailed at length in the treatise of Baumés, of Montpellier, published in 1805. I shall limit myself to a few." After mentioning sea voyages, horse exercise, southern climates, emetics, chloride of sodium, asses' milk, Iceland moss, conserve of roses, quinine, fir-sprouts, watercress, sulphur, sulphureous waters, cod-liver oil, iodine, turtle-soup, snail-broth, oysters, strawberries in great quantities, hydrotherapy, the hypophosphites, and steel, the lecturer at last arrived at his favorite remedy—lead. "The employment of lead," he said, "in the treatment of tubercular consumption is not new. The idea is a borrowed one. What is new is the manner in which I administer it, and in which I have understood its action. I must first tell you how I was in the onset induced to employ it. Starting from the theory, which I hold in common with many other observers, that the development of tubercle is favored by the anæmic state, I had been struck by the fact that the workmen employed in establishments where lead is much handled, although anæmic and cachectic to the last degree, very rarely present symptoms of tubercular deposit in the lungs. During a period of six or seven years at the Hôpital Cochin, amongst the many patients whom I treated for lead poisoning, I never saw a single case of phthisis. Once only in the lungs of a house-painter I met with tubercle; but I subsequently ascertained that this man had never had any of the signs of the saturnine affection. I went a step further, and inquired into the diseases usually met with in the trades habitually working with lead, and found that cough amongst operatives of this class was of rare occurrence. I began then to think within myself that if lead could prevent, it might also very possibly cure, phthisis, and was much tempted to make the experiment, but waited for further evidence, and was presently emboldened by an accidental occurrence.—Shortly after my entrance into the service of the Charité, a man, affected with lead cholic, fell under my observation. On examining his chest I found evident symptoms of tubercular deposit; and, on inquiry, ascertained that the patient had been consumptive for years. Finding himself without work, this man had taken a job at the lead works at Clichy, and there had caught his cholic. He assured me that since his seizure both cough and expectoration had diminished; in fact, so much so as to have made him think it useless to direct my attention to the state of his lungs. He left the hospital some time afterwards, cured of his colic, and with considerable improvement of the pul-

monary symptoms. In the case of a second patient, who shortly afterwards entered my wards, I was informed that the signs of consumption, held in abeyance during repeated attacks of lead cholic, had reappeared each time that the latter malady had been removed. I endeavored, on the verification of this fact in my hospital service, to reproduce the saturnine saturation when the phthisis seemed inclined to gain ground, and succeeded beyond my expectations in arresting its progress on several occasions. Such were the incidents which led me to the adoption of my present method of treatment, and the results I have obtained are not of a nature to justify me in laying the method aside. The following is the manner in which I employ this drug: I begin by administering an emetic, in order to rouse the stomach from the state of torpor which it is so common to meet with, either as cause or effect, in tubercular phthisis. After the lapse of a week or thereabouts, I commence the lead (I prefer the carbonate, as being better borne by the stomach than the acetate), in pills of two grains each. The dose is taken at first once a day, then twice, and so on, until six pills, or twelve grains of the lead are swallowed within the course of the twenty-four hours; the best time for administration being before each repast, as the drug is at that moment less likely to cause vomiting. This treatment must be continued until a sufficient saturnine impregnation has taken place, a generous diet being allowed to the patient at the same time."—*Correspondent of Lancet.*

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Assignment of Duty of Brigadier Surgeons.—S. W. Gross to Brig. Gen. Robt. Anderson; J. D. Robinson to Major Gen. Rosecranz; W. Clendennin to Major Gen. Rosecranz; C. G. Shumard to Major Gen. Rosecranz; J. E. Quidor to Major Gen. D. Hunter; A. B. Campbell to Major Gen. D. Hunter; J. V. Z. Blaney to Major Gen. D. Hunter; G. Martin to Major Gen. D. Hunter; N. R. Derby to Major Gen. D. Hunter; C. McMillan to Major Gen. J. C. Fremont; J. H. Brinton to Major Gen. J. C. Fremont; P. W. Ellsworth to Major Gen. Fremont; S. V. Bell to Major Gen. J. C. Fremont; A. H. Hoff to Major Gen. J. C. Fremont.

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Omnis Cellula e Cellula.—Just as little as we can now admit that tenæ can arise out of saburral mucus, or that out of the residue of the decomposition of vegetable or animal matter an infusorial animalculæ, a fungus, or an alga can be formed, equally little are we disposed to concede in physiological or pathological histology, that a new cell can build itself up out of any non-cellular substance. Where a cell arises, there a cell must have previously existed, just as an animal can spring out from an animal—a plant from a plant.—*Virchow.*

THE MEDICAL AND SURGICAL REPORTER.

S. W. BUTLER, M. D. } Editors and Prop's.
 R. J. LEVIE, M. D. }
 L. C. Butler, M. D., Assistant Editor.

PHILADELPHIA, SATURDAY, SEPTEMBER 21, 1861.

A SAD LESSON.

Last Saturday evening fourteen ballet dancers were suddenly summoned from the stage of a theatre of this city to beds of pain and anguish, and ere twenty-four hours had passed, six of them were in eternity, while others linger in a precarious condition, with the prospect that some of them, too, will not survive. These young ladies, belonging to a large ballet corps, had just left their homes in excellent health and spirits, and were engaged in a theatrical performance before a large audience. In an adjoining dressing-room some of them were robing themselves, preparatory to taking their part in the performance which was in progress on the stage. One of them, while in the act of taking a light gauze dress from its nail, accidentally brought it in contact with the exposed flame of a gas jet, when it instantly ignited, and communicated with her other clothing, and with that of others with whom, in the excitement, she came in contact.

The modern hooped-skirt has cost the lives of many ladies—singularly enough, almost in every case in the higher walks of life—both in this country and abroad. Among these we may mention Mrs. Longfellow, and a young lady of good family in Boston; Clara Webster on the stage, Miss Plunkett, and the ladies Laura and Clara Bridgman, in England.

These sad instances of loss of life are suggestive of a few thoughts on the fashions and materials of ladies dresses, and on exposed flame and fire in their bearing on the lives of women.

In the first place there is often criminal carelessness in the insufficient guards placed over the foot-lights and other gas jets of flame on the stage and in the dressing rooms of our theatres and opera houses. In the particular instance which has led us to speak on the subject, it appears that a light gauze dress was brought in contact with an open jet of flame in a room

where a score, perhaps, of chattering, laughing, thoughtless girls, were dressing. No exposed flame or fire should have been allowed in such a room, unless it was entirely out of reach. The existing fashion of wearing hoop-skirts—a fashion that our kitchen maids emulate their mistresses in—would suggest, too, the idea of better guards about our kitchen ranges. Unless a woman is remarkably careful and observant, the weight of her arm, or contact with a chair or other article of furniture on one side of her skirt is liable to cause it to project on the opposite side much more than the wearer anticipates, and sufficiently to bring it in contact with the hot bars of a grate-fire, when, it is well known the expanded form of the hooped-skirt, and the difficulty of compressing it, favors the extension of the flames, and almost certainly seals the fate of the victim. A more moderate expansion of the skirt, or better, dispensing with it altogether in exposed situations, is an obvious suggestion, but we fear that no amount of risk to life will interfere with fashion until a new one replaces the prevailing and dangerous one (in the kitchen) of hooped-skirts. Until such a change does take place, fenders might be thrown around our kitchen-range fires.

But there is another idea worthy of attention, viz: the rendering of the light material of ladies dresses blaze-proof. Efforts have of late been made in this direction, and with some degree of success. By direction of the English Queen, experiments were recently made in the royal-laundry, which resulted in ordering for use in her Majesty's laundry a concentrated solution of tungstate of soda diluted with water, and then mixed with three per cent. of phosphate of soda.

On this subject an English cotemporary says: "All light fabrics manufactured for ladies dresses should be made blaze-proof. The most delicate white cambric handkerchief, or fleecy gauze, or the finest lace, may, by simple soaking in a weak solution of chloride of zinc, be so protected from blaze, that, if held in the flame of a candle, they may be reduced to tinder without blazing. The dresses of dancers on the stage have long since been protected in this way, but ladies have not yet learned to pur-

chase none but fire-proof dresses. They will sooner or later oblige the manufacturers to call in the aid of the chemist for this purpose—in the meantime the washerwoman must be pressed into the service. Dr. Odling tells us that:—

“The various means proposed for rendering textile fabrics non-inflammable were carefully investigated a short time back by two well-known chemists, Messrs. Versmann and Oppenheim. An account of their experiments was read at the Aberdeen meeting of the British Association in 1859, and was afterwards published in the *Journal of the Society of Arts*, and in a separate form by Trübner & Co., of Paternoster-row.

“They showed that linen and cotton goods dried after immersion in a solution of one or other of several salts, possessed the property of non-inflammability, and that the best results were obtained with a solution of sulphate of ammonia, or of tungstate of soda, neither of which liquids produced any injurious effect upon the tissue or color of the fabric. The tungstate of soda solution was found most applicable to laundry purposes, on account of its not interfering in any way with the process of ironing.

“Muslins, etc., steeped in a 7 per cent. solution of sulphate of ammonia, or a 20 per cent. solution of tungstate of soda, and then dried, may be held in the flame of a candle or gas-lamp, without taking fire. That portion of the stuff in contact with the light becomes charred and destroyed, but it does not inflame, and consequently the burning state does not spread to the rest of the material.”

We trust that this subject will receive the attention that its importance demands, and that no efforts will be spared to preserve our women from such a terrible death, by the invention of blaze-proof material for dresses—and by more effectually guarding the lights or fires with which there is any possibility that their clothing may come in contact.

We notice that, since the deplorable “accident” in this city, by which seven young ladies have already paid the forfeit of their lives, the theatres have shewed, by securing their lights with shades and wire frames, their appreciation of the finding of the coroner’s jury in the case that “nobody was to blame.”

EDITORIAL NOTES AND COMMENTS.

“The income of St. Bartholomew’s Hospital, London, in 1860, was £25,480 16s. 4d. (about \$188,000.) Of this sum, £27,537 12s. 3d. was from rental of lands; £4,625 6s. 6d. dividends on stocks; £2,253 2s. 9d. tithes, timber, &c.; £90 from the collegiate establishment; and only £184 from benefactions.”

And yet St. Bartholomew’s Hospital is served by a full corps of physicians and surgeons who give their valuable time and labor to this wealthy corporation. Not so with the gentlemen of the bar who have the management of the estates, collect the rents, and do the other legal business of the corporation. Lawyers charge and receive the highest rate of fees for whatever they do for hospital corporations, while physicians are expected, and are too willing to give their time and labor for nothing. This is the case in this country, as well as in England, and we have never been able to see why it should be so. Physicians and surgeons do an immense amount of unrequited labor for the public outside of hospitals, and it is imposing on benevolence and good-nature, for rich hospital corporations to exact from them any further sacrifices of time and labor.

It would be a novelty for one hospital to try the experiment of paying salaries to the attending physicians and surgeons. We would suggest the idea, and have no doubt the plan would work to the satisfaction of both parties and be of no disadvantage to the patients.

MR. RUSSELL’S TRIBUTE TO THE SURGEONS.

The correspondent of the *London Times* says of the panic and retreat at Bull Run, “that one class of officers in the Federal army did their duty nobly—the Surgeons remained on the field when all others were retiring or had left.”

The noble conduct of the surgeons, although not within the personal observation of Mr. Russell, was too generally known soon after the battle to escape his ears, and, with other hearsay matter, was introduced into his letters as if it was from personal evidence. We have conversed with a gentleman who had an opportunity of observing Mr. Russell’s movements on the day of the Bull Run battle from the time of his arrival at his nearest point, which was several miles in the rear of the battle-ground, until he disappeared early in the retreat, and our informant attests the fabrication and falsity of Mr. Russell’s report.

However, it is so rare for the military surgeon, eclipsed as he is by the more showy ac-

tions of the strictly combatants in a battle, to see recorded the proper meed of praise for his self-denial and daring, that Mr. Russell's statement deserves at least this much comment.

Correspondence.

PARTURITION WITHOUT HEMORRHAGE.

St. Georges, Del., Sept. 13, 1861.

MESSRS. EDITORS:—In the REPORTER of the 31st August, there is a case reported by O. C. Gibbs, M.D., of Frewsburg, N. Y., of a lady in child-birth losing no blood, and the question is asked, "*Did it ever occur before?*" I answer that, about twenty years since, while practicing in Caroline county, Md., I had a case of the same kind, except the lady had had several children before, and never lost a drop of blood in any of her confinements. There was nothing unusual in her getting up, the time I attended, excepting there was no discharge of blood. The milk was secreted as usual. Her health was generally good.

Very respectfully yours,
WM. A. TATEM, M.D.

Second Crop of Variolous Pustules.

Philadelphia, Sept. 10, 1861.

Your correspondent, Dr. Somers, having mentioned the fact that the occurrence of a "second crop" of variolous pustules is a mooted question with some, I submit the following case:

On the 14th of last May, I was called to see J. C., a little girl, about two years old. I found her with a high fever, sore throat, and patches of diphtheritic membrane, covering, in the aggregate, nearly one-half the surface of the fauces.

Ordered her a gentle aperient, to be followed by *spt. æth. nit.*, and *potass. chloras.*; while a strip of soft muslin, dipped in mustard water, was to be frequently applied over exterior of throat, leaving it on until the skin was well reddened, and renewing soon after the effect disappeared.

In two days there was a marked change for the better, both in the throat, and general symptoms. But shortly, her fever, pain, and languor again increased, without, however, any increase of the throat affection.

This continued during a period—dating from this second exacerbation—rather shorter than the usual initial fever of variola, when an eruption showed itself, unmistakably defining this second attack as small-pox.

This was the fourth day of my attendance; the second of the exacerbation; and about the

sixth since the child first complained. There was small-pox in the immediate neighborhood.

From this time, the disease ran the usual course of a severe case of distinct variola, merging, in fact, slightly into the confluent. The treatment was about as usual, except that I had to *support* rather more than ordinarily, from an evident tendency to debility, much like that generally accompanying diphtheria. The convalescence was attended by some large and ugly boils, which discharged enormously for a few days; but notwithstanding all, she recovered rapidly, my attendance ceasing on the first day of June.

On the seventh, one week after, upon visiting another patient in the same house with varioloid, I found little J. C. in rather an anomalous condition. She had still one or two small boils; but the soles of her feet, palms of her hands, and insides of her fingers, extending to the very tips, were covered with regularly developed, large sized variolous pustules!

It was something which I had never seen before, and which, at the time, I did not recollect of having seen noticed in any medical writings, and, therefore, I noted particularly the condition. These parts had their full share of the regular eruption, so that it was no deferring of development; and at the time of the appearance of this "second crop," complete desquamation had taken place here, as elsewhere over the surface. There was no fever or other complication attending this anomaly, and by the time it had departed, (which it did in a regular manner, after running the *full course* of variolar eruption,) the boils had also disappeared, and nature soon asserted her rights, and brought about a perfect state of health. Perhaps I should state that I kept her on the use of *liq. fer. iod.* during convalescence, from her weak state, and her disposition to furunculous eruptions.

Now, although the facts in this case I know, and have repeatedly thought them over, still I feel unprepared to draw any inference, or to come to any conclusion concerning the "why's and wherefore's."

Nevertheless I will not say as did the young divine, who, in preaching on the miracle of the legion of devils being cast out of him who dwelt among the tombs, declared that "he did not know why they were allowed to enter the swine and cause their destruction, nor did he believe any one else did."

But if "any one else" can philosophize a little on this subject, I should like to have the pleasure of being one of his readers.

Yours truly,
J. W. THOMPSON.

CAMP DIARRHŒA.

The following remarks on the cause of the diarrhœa which prevails in camps, are extracted from a letter received from Dr. J. W. Lodge,

Surgeon of Col. Mann's regiment, now at Darnestown, Maryland:

"Among the whole number—seventeen hundred—we had but one death. Yet, amid all this health and plenty, diarrhœa always prevailed extensively. What can be its cause here, where everything appears so specially conducive to perfect health? With our patients, it was change from the foul and vitiated atmosphere of unclean portions of the city to a pure and invigorating mountain air—from riot and dissipation to discipline and temperance—from sluggishness and inaction to healthy exercise and activity. Was it change of diet? No; because the rations which the State furnished were wholesome and sufficient—better by far than that which many of our men had previously been able to procure—consisting of good, fresh, or salt beef—good bread and potatoes. Could it have been the sudden transition from worse to better? No; for the organic functions are best performed when best cared for. Could the cause have been some peculiarity of water or soil? No; for officers, who were, so far as these were concerned, subjected to the same circumstances, were rarely or never affected.

"I believe that the principal cause is exposure to alternations of temperature while on sentinel duty at night. During a relief of two hours, the sentry is warmly housed in his tent; when his hour of duty arrives, he is aroused from sleep, and enters upon his duty and exposure. Occasionally, even during summer, these alternations are of an impressive character, and, although his duty precludes sleep, he is soon chilled by the damp and penetrating night air. The effect of this is to constrict the capillaries of the surface, thus causing congestion, or mere determination of blood to the internal organs; and, although this congestion is rarely sufficiently profound to seriously interfere with the performance of the functions, the mesenteric vessels, being merely distended with blood, take the readiest mode of riddance, which is by exosmosis into the intestines. Thus, without any special symptoms or pathology, we have a very watery and painless diarrhœa. The opinion that the disease thus originates, is strengthened by the fact already mentioned, that officers, whose positions do not compel them to perform sentry duty, yet otherwise living under the same circumstances, are nearly exempt from the disease.

"The great benefit derived by early depleting the intestinal vessels by saline cathartics, also points to this congestion as the cause. In nearly every case we were able to trace its origin back only a few nights, when the patient had stood sentry. If this is the true cause of diarrhœa, the remedy is obvious: provide the soldier or sentinel, in all seasons and weathers, stout shoes and warm overcoats or blankets, and by thus keeping the circulation equable prevent the congestion, which appears to me to be the cause.

"One of the most effectual prophylactics was the wearing of the small flannel apron over the abdomen. This practice, I believe, is extensively and successfully employed. The affection having always yielded readily to almost any mode of treatment, I can add nothing new, only to state that it always was cured readily and permanently by hydragogue cathartics."

NEWS AND MISCELLANY.

The Philadelphia Physical Institute, at the corner of Ninth and Arch street, is an establishment in which are all the improved appliances for gymnastic practice, and training the frame into a high state of strength and activity. It is patronised extensively by the medical profession in the treatment of some chronic visceral affections, and more particularly in orthopaedic cases. Exercises are graduated to suit the youngest, the aged, and feeble persons. The proprietors are experienced, and the establishment is conducted with propriety.

Jefferson Medical College.—We have been informed that Dr. Keating's resignation of the Chair of Obstetrics in this institution, which was presented on account of his ill health, has been withdrawn. It is understood that the former incumbent of the chair, Dr. Charles D. Meigs, will lecture in Dr. Keating's place during the coming season.

Board of Health.—Dr. Thomas Stewartson, Jr., has been appointed a member of this body by the District Court, in place of Dr. James Bond, deceased.

Dr. Wm. D. Knox, of this city, late of Kentucky, has been appointed Assistant-Surgeon in the Navy, and is ordered to duty on board the gun-boat *Penguin*.

The following Philadelphians have been appointed on the Sanitary Commission. The appointments are very creditable to the Government; but we would prefer to see this commission differently constituted:

G. B. Wood, M.D.; Prof. J. F. Frazer; Samuel D. Gross, M.D.; Henry C. Carey; Rev. Albert Barnes; John C. Cresson; Robley Dunglison, M.D.; Horace Binney, Jr.; Rev. H. J. Morton; Wilson Jewell, M.D.; Rev. H. W. Ducachet; Francis G. Smith, M.D.

State Medical Board.—The Board of Surgeons directed by the Governor to convene at Harrisburg on October 2d, for the examination of candidates for appointment on the Medical Staff of the State troops, will consist of Drs. Wilmer Worthington, of West Chester, Wm. Corson, of Norristown, Trail Green, of Easton, and Surgeon-General Henry H. Smith, of Philadelphia. The examination will be a written one, and occupy the entire day. The appointments will subsequently be made by the Governor in the order of merit established by the Board, and as

rapidly as the formation of regiments may demand the services of medical officers. All the surgeons recommended by the two previous Boards since the 30th of May, amounting, with their assistants, to nearly seventy, are now in active service.

Important to Volunteer Surgeons.—The attention of the Surgeons of our Volunteers is called to the following order of the War Department, which, having been apparently unknown by the officers of some of the "Independent Regiments," is likely to cause disappointment to those who regard themselves as legally appointed, when selected by their Colonels; the last Legislature of Pennsylvania having withdrawn from them the power of appointing their medical officers:

"War Department, Adjutant General's Office, Washington, May 25th, 1861.—General Orders, No. 25.—The plan of organization for the volunteer forces, designed in General Orders (No. 15 of May 14th, 1861) is so modified as to allow one Surgeon and one Assistant-Surgeon to each regiment, to be appointed by the Governors of the respective States, after having passed an examination by a competent Medical Board, appointed by the Governors of the States, the appointment to be subject to the approval of the Secretary of War."

Two Boards of this character have already met in Pennsylvania, and a third is to assemble at Harrisburg, at 9 A. M., October 2d, 1861: the list of candidates passed by the last Board having been reduced by the appointment of six of them by the United States authorities to the post of "Brigade Surgeons." This selection is complimentary to the action of the State authorities in their choice of Surgeons for our State troops, and is worthy of the attention of future candidates.

Permits, for the examination by the next Board, will be issued on written application to the Governor, enclosing a testimonial of moral character. No one can become a candidate whose organs of sense are imperfect, or who has any tendency to consumption, scrofula, rheumatism, or any disease likely to affect his usefulness in the field. Surgeon-General Henry H. Smith, of this city, will furnish any other information connected with this subject, and also issue permits to such applicants as are residents of Philadelphia, on presentation of references by those who are personally unknown to him.

The following significant advertisement is from the *Richmond Whig* of August 2:

"The medical men throughout the State are respectfully requested to forward to this office all the reliable vaccine virus they can spare. Compliance with this request is urged upon their attention as of the utmost importance to the public welfare. "A. E. PETTICOLAS, M.D.,
"Vaccine Agent."

We have a large lot of good vaccine virus on

hand, which we would be very happy to distribute to our old friends in the South, if they will give us the opportunity. It is easily done—by returning to their allegiance!

A Board of Surgeons for the examination of candidates for the post of Surgeon and Surgeon's-Mate in the Pennsylvania Troops, will assemble in Harrisburg, at the Hall of Representatives, Wednesday, October, 2, 1861, at 9 A. M., when and where all desiring appointments will present themselves.

To Correspondents.

Dr. C. L. S., Wisconsin.—Certainly, a direct violation of the code of ethics, it knowingly made and persisted in, should be sufficient cause for expulsion from a medical society.

"Subscriber," New Jersey.—The information you ask for, has been given several times in full in the *REPORTER*. We would refer you to the *REPORTER* of the 9th of March last.

Surgeons are still required, especially for the Naval service. To enter the regular service of the Government make application by letter to the Secretary of War or Navy, at Washington. To enter the volunteer service apply to the Surgeon-General of your State, if there is one—and there should be—or to the Governor. Rugged health is required as a pre-requisite to obtaining a commission in the Army or Navy.

W. M.—Address Prof. H. H. Smith, Surgeon-General of the State of Pennsylvania, at Philadelphia.

S.—Masson's Practice is a text-book on the subject. The work has been severely handled by the reviewers. It has great faults, particularly as a literary production, but is not without some considerable merit, and it has been, we think, more condemned with prejudice than judgment. We have become so accustomed to certain venerated authorities, that a new writer on the practice of medicine is looked on as an intruder. The work gives the most recent therapeutics, and those who are in the habit of using the new remedies, and the "concentrated remedies," will appreciate the volume. It is published by Lindsay and Blakiston, Philadelphia; price \$4.

Mr. C. H., Pennsylvania.—To be eligible to appointment as Surgeon or Assistant Surgeon in the volunteer corps of this State, it is requisite that the candidate be a graduate of a medical college in good repute. Without a diploma, we presume that it would be useless to apply for an examination before the State Board of Examiners.

43.—In looking over our stock of *REPORTER*'s on hand, we find a surplus of some numbers, of which some of our collaborators may desire to possess the copies containing their communications. Any such who will send us their address, enclosing one dollar, shall be supplied with such number of copies as will satisfy them. First sent first served. *W.*

Communications Received.

Connecticut—Dr. G. B. Hawley. *District of Columbia*—Dr. J. Collins. *Delaware*—Dr. W. A. Tatem. *Massachusetts*—Mrs. T. S. Perkins and Dow. Per J. G. White: Drs. R. Woodward, W. Workman, J. Green, B. F. Heywood, J. A. Andrews, F. H. Kelley, F. Gilman, H. W. Burton, L. H. Fish, M. W. Geroold, J. W. Tontallat, J. Sargent, B. R. Clark, E. B. Holt, E. Lovell, O. F. Harris, C. R. Moulas, A. B. Deland, E. Flint, J. B. Scribner, J. N. Murdoch, H. F. Bishop, E. N. Chamberlin, G. A. Southgate, L. Spaulding, S. W. Cook, T. T. Griggs, F. Nichols, C. D. Wheeler, J. G. Johnson, A. Hitchcock, T. R. Boutelle, G. D. Colling, H. H. Brigham, G. Jewitt, each with encl.; Dr. C. E. Stedman. *Michigan*—Per Jno. Hulme: Drs. S. P. Choate, E. A. Egery, S. D. Richardson, M. A. Krop, L. B. Follett, J. M. Tefft, W. Byrnes, C. S. Tucker, S. S. Cutter, J. H. Woods, A. Crissy, L. B. Melcher, M. A. Patterson, W. C. Eisher, O. L. Rider, C. S. Chamberlin, B. F. Root, N. H. Kimball, J. M. Pierson, R. B. C. Newcomb, each with encl. *New Jersey*—Drs. J. V. Robbins, H. Van Blarcom, and B. B. Matthews, each with encl.; Dr. Ch. Butcher. *New York*—Drs. S. W. Francis, (2), H. L. Horton, and J. Solis Cohen. *Ohio*—Dr. A. J. Stephens. Per J. Hulme: Drs. J. Green, A. M. L. Fotte, E. Cross, and S. S. Thorn, each with encl.; Dr. E. Spooner. *Pennsylvania*—Lindsay & Blakiston; Dr. J. B. Stubbs, with encl.; Drs. A. P. Dutcher, J. N. C. James, B. K. Johnson, J. L. Stewart, G. S. Wentz, and C. Hunter. *Vermont*—Per H. B. Cross: Drs. J. H. Talbot, and E. Barker, each with encl. *Office Payments*—Dr. C. A. Voorhies, Pa.; Dr. J. Morrison, Pa.; Female Medical College, Philadelphia; Dr. A. R. Savidge, Pa. Per Mr. Swaine: Mr. Helmsold, [adv.],